

**EXHIBIT A**

Eastern District of Virginia  
Richmond Division

DEADLINE FOR  
FILING 503(b)(9)

CLAIMS  
5:00 P.M. Pacific Time  
December 19, 2008

## Section 503(b)(9) Claim Request Form

Circuit City Stores, Inc., et al., Claims Processing c/o Kurtzman Carson Consultants LLC, 2335 Alaska Avenue, El Segundo, CA 90245		Circuit City Stores, Inc., et al. Case Nos. 08-35653 through 08-35670 Chapter 11 Jointly Administered	
<b>NOTE:</b> Pursuant to an Order of the Bankruptcy Court in the above-referenced chapter 11 cases (see Docket No. 107), to have claims allowed as administrative expense under 11 U.S.C. § 503(b)(9), this form must be served upon Circuit City Stores, Inc., et al., Claims Processing, c/o Kurtzman Carson Consultants LLC, 2335 Alaska Avenue, El Segundo, CA 90245 by <u>December 19, 2008</u> , the Bar Date for Section 503(b)(9) claims in the above-referenced cases. The form may be submitted in person or by regular mail, overnight mail, or hand delivery. Facsimile, email or electronic submissions will not be accepted. Requests shall be deemed filed when actually received by Kurtzman Carson Consultants LLC.			
Name and Address of Creditor: <i>(The person or other entity to whom the debtor owes money or property)</i>  <b>General Instrument Corporation d/b/a Home &amp; Networks Mobility business of Motorola, Inc. 101 Tournament Drive Horsham, PA 19044</b>  Telephone: <u>(215) 323-1000</u> Fax: _____		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.   <input checked="" type="checkbox"/> Check box if you have made any demand(s) to reclaim goods sold to the debtor under 11 U.S.C. § 546(c). (attach copies of any such demand(s))   <input type="checkbox"/> Check box if you have transferred the rights of your claim to any third party. If so please list name of transferee: _____   <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.           </div> <div style="width: 50%;"> <b>Debtor against which claim is asserted : (Check one box below):</b>  <input checked="" type="checkbox"/> Circuit City Stores, Inc. (Tax I.D. No. 54-0493875)  <input type="checkbox"/> Abbott Advertising, Inc. (Tax I.D. No. 54-1624659)  <input type="checkbox"/> Circuit City Stores West Coast, Inc. (Tax I.D. No. 95-4460785)  <input type="checkbox"/> CC Distribution Company of Virginia, Inc. (Tax I.D. No. 54-1712821)  <input type="checkbox"/> Circuit City Properties, LLC (Tax I.D. No. 54-0793353)  <input type="checkbox"/> Patapsco Designs, Inc. (Tax I.D. No. 52-1086796)  <input type="checkbox"/> Ventoux International, Inc. (Tax I.D. No. 20-1071838)  <input type="checkbox"/> Sky Venture Corporation (Tax I.D. No. 54-1760311)  <input type="checkbox"/> Prahs, Inc. (n/a)  <input type="checkbox"/> XS Stuff, LLC (Tax I.D. No. 54-2029263)  <input type="checkbox"/> Kinzer Technology, LLC (Tax I.D. No. 54-2022157)  <input type="checkbox"/> Circuit City Purchasing Company, LLC (Tax I.D. No. 20-0995170)  <input type="checkbox"/> Orbyx Electronics, LLC (Tax I.D. No. 20-1203360)  <input type="checkbox"/> InterTAN, Inc. (Tax I.D. No. 75-2130875)  <input type="checkbox"/> CC Aviation, LLC (Tax I.D. No. 20-5290841)  <input type="checkbox"/> Courchevel, LLC (n/a)  <input type="checkbox"/> Circuit City Stores PR, LLC (Tax I.D. No. 66-0695512)  <input type="checkbox"/> Mayland MN, LLC (Tax I.D. No. 20-0896116)           </div> </div>	
Name and address where notices should be sent (if different from above)  <b>Frederick C. Peters Senior Counsel Motorola, Inc. 101 Tournament Drive Horsham, PA 19044</b> Telephone: _____ Fax: <u>(215) 323-2013</u>			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>5002277</u>		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
<b>1. BASIS FOR CLAIM:</b> Goods received by the Debtor within 20 days before the date of commencement of the case. Value of Goods: <u>\$85,321.74</u>			
<b>2. DATE OF SHIPMENT:</b> <u>See Attached</u> <b>METHOD OF SHIPMENT:</b> <u>See Attached</u> <b>DATE OF RECEIPT:</b> <u>See Attached</u> <b>NAME OF CARRIER:</b> <u>See Attached</u> <b>PLACE OF DELIVERY:</b> <u>See Attached</u>			
<b>3. TOTAL AMOUNT OF SECTION 503(b)(9) CLAIM:</b> <u>\$ 85,321.74</u> <input type="checkbox"/> Check the box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
<b>4. BRIEF DESCRIPTION OF CLAIM:</b> <u>See Attached</u> Describe goods sold: <u>See Attached</u> <span style="float: right;"><i>Attach support for your claim.</i></span>			
<b>5. CREDITS AND SETOFFS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.  <b>6. SUPPORTING DOCUMENTS:</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, or contracts. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Attachments must be printed on 8-1/2" by 11" paper.  <b>7. DATE-STAMPED COPY:</b> To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this claim request form.  <b>8. ORDINARY COURSE CERTIFICATION:</b> By signing this claim request form, you are certifying that the goods for which payment is sought hereby, were sold to the debtor in the ordinary course of the debtor's business as required by 11 U.S.C. § 503(b)(9).  <i>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.</i>			<b>FOR COURT USE ONLY</b>
Date <u>12.18.08</u>		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  <u>Frederick L. Peters</u> <b>Frederick L. Peters Senior Counsel</b>	